

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395687</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/19/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>YORK NURSING AND REHABILITATION CENTER</b>  STATE LICENSE NUMBER: <b>023802</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>7101 OLD YORK ROAD PHILADELPHIA, PA 19126</b>		
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F 0000	INITIAL COMMENT	F 0000			
F 0584	Based on an Abbreviated Survey in response to three complaints, completed on April 19, 2023, it was determined that York Nursing and Rehabilitation Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0584			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0584  SS=D	Continued from page 1  483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are in good condition;  §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);  §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	Trash/debris/medication immediately picked up in hallway, residents rooms and surrounding areas proximal to rooms 101, 143, 116, 115, and 111.  All rooms audited by housekeeping staff to ensure rooms are free of debris and trash and presents clean and safe to residents.  Housekeeping staff educated on keeping facility free of debris and trash and presents clean and safe to residents.  Common areas including Hallway, Dining rooms etc. and 10% of total census on each unit rooms will be audited weekly x 4 then monthly x3 by NHA / assigned designee to ensure resident areas remain free of debris and trash. All results will be presented at QA for further review.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/16/2023</b>	

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F 0584  SS=D	Continued from page 2  areas;  §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and  §483.10(i)(7) For the maintenance of comfortable sound levels.  This REQUIREMENT is not met as evidenced by:	F 0584			

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F 0584  SS=D	Continued from page 3  Physical Environment F584 Based on observation and staff interviews, it was determined that the facility failed to provide a safe, clean, and comfortable homelike environment for residents on one of two nursing units. (First floor units). Findings Include:  Upon a tour of the first floor of the facility at approximately 9:20AM the first floor was observed with small pieces of trash both in the hallways and in resident rooms.  During a tour of the facility on April 14th, 2023 at 9:00AM it was observed that there were several resident rooms with floors that were dirty.  Observation of resident room 101 there was trash on the floor straw wrapper, two small plastic caps, small piece of cardboard all on the floor and a full trash can.  Observation from the hallway of resident room 143	F 0584			

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F 0584  SS=D	Continued from page 4  showed a plastic cup was on floor.  Observation from the hallway of resident room 116 appeared to have food on floor.  Observation from the hallway of resident room 115 had empty snack wrappers and tissues on the floor.  At approximately 9:42AM a toothbrush was observed on the floor in the hall between room 111 and 109. Unit manager RN E5 was called over and stated that it must of fallen out of somewhere. When asked about the maintenance schedule, she stated there in one maintenance person assigned to each hallway and they start at 7:00AM.  At approximately 9:45AM two pills of famotidine 20mg were found in the middle of the floor close to the nurses station. Unit manager RN E5 was there and retrieved the medication. One pill was still in the packaging and the other pill was loose on the floor. Unit manager RN E5 stated that she did not know how it got there and that she would discard it.	F 0584			

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F 0584  SS=D	Continued from page 5  28 Pa. Code 207.2(a) Administrator's responsibility 28 Pa. Code 201.29(a)(i) Resident rights	F 0584			
F 0600  SS=G		F 0600			

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F 0600  SS=G	Continued from page 6  483.12(a)(1) Free from Abuse and Neglect  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;  This REQUIREMENT is not met as evidenced by:	F 0600	Employee E8 was immediately removed from facility and placed on DNR list. Agency immediately informed of allegation of Abuse related to employees E8. Resident provided emotional support, consulted by psych.  Residents on assignment related to Employee E8 interviewed by social services and administration to ensure they remained free from abuse.  Abuse education and elements that constitute resident physical and psychosocial abuse will be conducted with the guidance of CHR Consultant Inc, staff development, and educator to ensure that the acts do not occur.  Admin/Designee will interview/audit 5 residents per unit weekly to ensure freedom from abuse. Weekly x4, monthly x3. Results will be presented at QA for further review.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/16/2023</b>	

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F 0600  SS=G	Continued from page 7  Based on review of facility policy, review of clinical records, review of facility documentation and resident and staff interviews, it was determined that the facility failed to ensure that Resident R1 was free from resident abuse, which resulted in physical and psychosocial harm to Resident R1 who sustained pain and redness to right wrist, and emotional anguish for one of six residents reviewed. (Resident R1)  Findings include:  Review of undated facility policy title "Abuse" revealed that "abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish." "Physical abuse includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment."  Review of Resident R1's MDS (Minimum Data Set-Assessment of Resident care needs) dated February 17, 2023, revealed that the resident had a BIMS	F 0600			



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F 0600  SS=G	Continued from page 8  (Brief Interview of Mental Status) score of 0 which indicated that resident's cognitive status was impaired.  Review of facility documentation dated April 9, 2023, revealed that "On 4/9/2023, Charge nurse walked into the resident's room to find the resident crying and shaking. Resident reported to charge nurse while receiving care from Employee E8, Nursing Assistant (Employed by staffing agency) she accidentally scratched the care nurse's hand and told her she was sorry. In response the nursing assistant stated, "I'm not trying to hear that [sh*t]" and bent the residents' right hand backwards." "During the assessment redness was noted to resident hand this was a clear indication that it has been altered."  Review of nursing notes from April 9, 2023, at 3:39 p.m., revealed resident made a statement saying her aide bent her right hand back. The aide stated resident scratched her. When asked the resident she admitted she did it by mistake and she was sorry, and the aide stated she was not trying to hear that	F 0600			

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F 0600  SS=G	Continued from page 9  and bent her right hand backwards. Review of nursing notes from April 9, 2023, at 4:04 p.m., revealed resident complained of pain level 9 out of 10 (Pain level of 7-10 (Sever Pain) (disabling or unable to carry out normal daily activities, ranges from "impacts your social relationships, or sleep" to "being bedridden or even delirious."), resident was alert and oriented, resident stated she accidentally scratched nursing assistant. Resident stated she apologized to the nursing assistant, but the nursing assistant stated, "I don't believe you, you don't know who you are dealing with." Resident was tearful and stated "she was trying to hurt me because I scratched her." Resident was given the pain medication Motrin (medication to treat mild to severe pain).  Review of skin assessment for Resident R1 dated April 9, 2023, revealed there was a new skin issue noted. Right hand was noted with redness. Pain was noted when moving hand and wrist.  Review of nursing notes from April 9, 2023, at	F 0600			

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F 0600  SS=G	Continued from page 10  10:46 p.m., revealed that resident received as needed pain medication.  Review of witness statement from Resident R1 obtained by the Social Service Director dated, April 9, 2023, revealed, when asked resident "was there an incident with anyone recently, resident stated "yes". When asked if resident felt safety at the facility, resident replied that she did not feel safe because of the nursing assistant. Social worker provided the resident with emotional support.  Review of statement from Licensed Nurse, Employee E9, revealed that "I walked in the resident room and found her crying and shaking. I asked her what's wrong and the nursing assistant stated she scratched me. I asked if she scratched you, why is the resident crying. I then proceeded to ask the resident what happened the resident stated she did scratch her (nursing assistant) by mistake when turning she was trying to reach the side rail. The resident stated she said sorry to the nursing assistant, but the nursing assistant stated, "I am not	F 0600			

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F 0600  SS=G	Continued from page 11  trying to hear that shit you got the wrong one" and bent her right hand back. (Hand is red) I walked in seconds after the incident was supposed to happen."  Review of the facility investigation revealed that the facility concluded that resident hand was bent/twisted by Nurse aide, Employee E8.  Interview with Licensed Nurse, Employee E9 on April 19, 2023, at 11:49 a.m., stated the incident involving Resident R1 and Nurse aide, Employee E8 happened around 2.30 p.m. When she walked into the room, the door was shut, and the aide was in the room. Employee E9 stated she opened the door and walked into the room. When she got there, the resident was saying, she (Employee E8) hurt me, and the resident was crying. Resident stated when I accidentally scratched the aide's hand, she bent her hand. The hand was hot to touch and red.  Interview with Resident R1 on April 19, 2023, at 11:57 a.m., with the presence of Licensed Nurse, Employee E9, confirmed the nursing assistant hurt	F 0600			

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F 0600  SS=G	Continued from page 12  her by bending her hand when she accidentally scratched her. Resident did not answer any other questions.  The facility failed to ensure that Resident R1 was free from resident abuse, which resulted in physical and psychosocial harm to Resident R1 who sustained emotional anguish, pain and redness to right wrist after resident's wrist was bend back by Nurse aide, Employee E8.  483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition  28 Pa. Code 201.29(j) Resident rights  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 211.12(c) Nursing services  28 Pa. Code 211.12(d)(1) Nursing services	F 0600			

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F 0600  SS=G	Continued from page 13	F 0600			
F 0698  SS=D	483.25(l) Dialysis  §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  This REQUIREMENT is not met as evidenced by:	F 0698	Resident dialyzed.  Facility audited current dialysis residents charts to ensure compliance of facility policy regarding refusal and missed treatments were followed.  Staff Educated on documentation policy related to refusal or missed treatments.  Managers/designee will audit 50% of current Dialysis population weekly x4, monthly x3 to ensure documentation policy is followed as per facility protocol.  Staff Educated on documentation policy related to refusal or missed treatments. All results will be presented at QA for further review.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/16/2023</b>	

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F 0698  SS=D	<p>Continued from page 14</p> <p>Based on review of the clinical record, observations, and interviews with staff, it was determined that the facility failed to ensure treatment and services were provided to a resident receiving dialysis services for one of one resident reviewed. (Resident R</p> <p>Findings include:</p> <p>During an unannounced visit, interview with the resident, the facility, facility staff, review of facility policy, and review clinical records were completed. Dialysis policy and refusal policy were both reviewed with record review.</p> <p>An interview with the resident at approximately 9:40AM that resident stated she has been going to dialysis on a regular basis she thinks. The resident appeared to be tired.</p> <p>Clinical record review of the dialysis book showed there were only records of the resident going on March 31st, 2023 and for the month of April 2023. After asking for any further dialysis records for the</p>	F 0698			

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NAME OF PROVIDER OR SUPPLIER: <b>YORK NURSING AND REHABILITATION CENTER</b>  STATE LICENSE NUMBER: <b>023802</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>7101 OLD YORK ROAD PHILADELPHIA, PA 19126</b>			
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F 0698  SS=D	<p>Continued from page 15</p> <p>months of January, February, and March of this year the facility was only able to produce two other records from January 17th, 2023 and January 19th, 2023.</p> <p>Interview with Regional DON E4 she stated there were no other notes of the resident going to Dialysis during the month of February or March. Regional DOH E4 confirmed at 1:05PM she had not received dialysis treatment other then the records provided. Regional DOH E4 stated the resident was home during the month of March and there was no record of dialysis being done then.</p> <p>Review of resident's clinical record and progress notes it was noted on February 11th, 2023 at 13:28 "Resident is alert and oriented to self, dialysis called for resident this afternoon, resident went down and they stated she would not be dialyzed because it was too late and they were leaving at 3:00PM, therefore she was not dialyzed, her daughter was in the facility and aware."</p>	F 0698			



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F 0698  SS=D	Continued from page 16  Review of the resident's clinical record it was found on February 13th, 2023 at 10:06 progress note states "Resident found in room unresponsive, hypoglycemin 22mg/kdl, hypoxic 86% O2 applied, head and bed elevated, Glucagon injection given as ordered, BG improved to 50 mg/dl but remained unresponsive. Dr. Rosen called new orders to sent pt out to ED."  Review of the resident's clinical record it was found on February 23rd, 2023 at 16:46 a progress notes states. "Patient refused dialysis, Dr. aware and requested for the nurses to monitor her, and order BMP for tomorrow 02/24/22." The facility failed to follow their refusal policy. The facility "Refusal of Care" policy states "If a resident continues to refuse, the refusal is documented in the medical record. The refusal and the reason are documented in the electronic medical record." On February 23rd, 2023 there was no reason noted stating why the resident refused dialysis per their policy.	F 0698			

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F 0698  SS=D	Continued from page 17  Review of the resident's clinical record it was found on February 28th, 2023 at 23:10 a progress note states "Dr called from ER to say patient would be admitted and was waiting to be moved to their dialysis floor to receive dialysis today while at the hospital." On March 1st, 2023 at 11:54 a progress note states "Late entry for 02/28/23>Patient sent to ER at around 3:40PM via stretcher to get dialysis treatment."  28 Pa. Code 211.12(d)(1)(5) Nursing Services	F 0698			
F 0730  SS=D		F 0730			

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F 0730  SS=D	Continued from page 18  483.35(d)(7) Nurse Aide Peform Review-12 hr/yr In-Service  §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).  This REQUIREMENT is not met as evidenced by:	F 0730	Employee E8 was immediately DNR from facility  Employee E8 was immediately DNR from facility  Facility has notified contracted agencies of the requirement to send the facility documentation of compliance with 12-hour annual training.  Admin/ Designee will conduct random weekly audits on all agency staff to ensure documentation is accurate and up to date. All results will be presented at QA for further review.	Completion Date: <b>05/23/2023</b> Status: <b>APPROVED</b> Date: <b>05/12/2023</b>	

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F 0730  SS=D	Continued from page 19  Based on the review of facility documentation, review of personnel files and interview with staff, it was determined that the facility did not ensure that a nurse aide had a minimum of 12-hour annual training to ensure continuing competence as required for one of five employees reviewed. (Employee E8)  Finding include:  Review of facility documentation dated April 9, 2023, revealed that "On 4/9/2023, Charge nurse walked into the resident's room to find the resident crying and shaking. Resident reported to charge nurse while receiving care from Employee E8, Nursing Assistant (Employed by staffing agency) she accidentally scratched the care nurse's hand and told her she was sorry. In response the nursing assistant stated, "I'm not trying to hear that sh*t" and bent the residents' right hand backwards." "During the assessment redness was noted to resident's room and it was clear indication that it was altered." Facility investigation concluded that resident hand	F 0730			

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F 0730  SS=D	Continued from page 20  was bent/twisted by Nurse aide, Employee E8.  A request was made to the facility Nursing Home Administrator for Employee E8's annual training records on April 16, 2023, at 12:00 p.m.  Review of Employee E8's personnel files revealed no documented evidence that Nurse aide, Employee E8, who was originally educated by the staffing agency on November 22, 2021, had a minimum of 12-hour annual training to ensure continuing competence as required.  Interview with the Nursing Home Administrator on April 16, 2023, at 1:30 p.m. confirmed that the facility neither have documentation or received documentation from the staffing agency that Nurse aide, Employee E8 had 12-hour annual training within the last year.  28 Pa. Code 201.18(b)(1)(3) Management  28 Pa. 211.12(c) Nursing services	F 0730			

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F 0730  SS=D	Continued from page 21		F 0730		



# Certified End Page

**YORK NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 023802**

**SURVEY EXIT DATE: 04/19/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY